

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr	6764	8/17/00
O.I.P.E. CLASSIFIER		10	8-22-00
FORMALITY REVIEW	W.M	869	09-26-00
RESPONSE FORMALITY REVIEW	JK	835	03/26/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/00
2	✓	✓	5/16/01
3	✓	✓	10/16/01
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	9/1/00
52	✓	✓	5/16/01
53	✓	✓	10/16/01
54	✓	✓	
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Claim	Final	Original	Date
101	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

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If more than 150 claims or 10 actions  
staple additional sheet here

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